

Application Data SheetApplication Information

Application Type: Regular
 Subject Matter: Utility
 Suggested Classification:
 Suggested Group Art Unit:
 CD-ROM or CD_R: None
 Number of CD disks: 0
 Number of copies of CDs: 0
 Sequence Submission: No
 Computer Readable Form (CRF): No
 Title: FOAM DISINFECTANT
 Attorney Docket Number: 2006USWO
 Request For Early Publication: No
 Request for Non-Publication: No
 Suggested Drawing Figure:
 Total Drawing Sheets: 0
 Small Entity: No
 Latin Name:
 Variety Denomination Name: No
 Petition Included: No
 Petition Type:
 Licensed US Govt. Agency:
 Contract or Grant Numbers:
 Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type: Inventor
 Primary Citizenship Country: Germany
 Status: Full Capacity
 Given Name: Holger
 Middle Name:
 Family Name: Biering
 Name Suffix:
 City of Residence: Grevenbroich
 State or Province of Residence:
 Country of Residence: Germany
 Street of mailing address: Gladolenstr. 19
 City of mailing address: Grevenbroich
 State or Province of mailing address:
 Country of mailing address: Germany
 Postal or Zip Code of mailing address: 41516

Applicant Authority Type: Inventor
 Primary Citizenship Country: Germany
 Status: Full Capacity
 Given Name: Michael
 Middle Name:
 Family Name: Decker
 Name Suffix:

City of Residence: Solingen
State or Province of Residence:
Country of Residence: Germany
Street of mailing address: Deusbergerstr. 6
City of mailing address: Solingen
State or Province of mailing address:
Country of mailing address: Germany
Postal or Zip Code of mailing address: 42697

Correspondence Information

Correspondence Customer Number: 43896

Representative Information

Representative Customer Number:	43896
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Domestic Priority Information

Application:	Continuation Type:	Parent Application:	Parent Filing Date:
This application	National Stage of	PCT/EP03/06498	June 20, 2003

Foreign Priority Information

Country:	Application Number:	Filing Date:	Priority Claimed:
Germany	102 28 656.6	June 27, 2002	Yes

Assignee Information

Assignee Name: ECOLAB INC.
Street of mailing address: 370 North Wabasha Street
City of mailing address: St. Paul
State or Province of mailing address: Minnesota
Country of mailing address: U.S.A.
Postal or Zip Code of mailing address: 55102